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Atty Docket No. 015114-052310US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Nitin Parekh

Group Art Unit 2811

OFFICIAL COMMUNICATION
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EXAMINER Nitin Parekh

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I hereby certify that the following documents in re Application of Sidney Larry Anderson, Application No. 09/517,345, filed March 2, 2000 for METHOD AND STRUCTURE FOR INTEGRATED CIRCUIT PACKAGE are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal-1 Page
2. Petition for Extension of Time-In Duplicate
3. Notice of Appeal-In Duplicate
4. Amendment-18 Pages

Number of pages being transmitted, including this page: 24

Dated: September 15, 2005


Andrea S. Beck

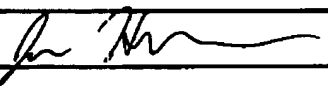
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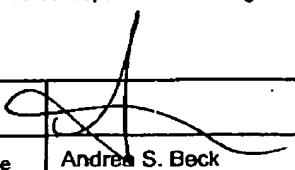
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421

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/517,345
	Filing Date	March 2, 2000
	First Named Inventor	Anderson, Sidney Larry
	Art Unit	2811
	Examiner Name	Nitin Parekh
	Attorney Docket Number	015114-052310US
Total Number of Pages in This Submission	23	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Townsend and Townsend and Crew LLP	
Signature		
Printed name	Jonathan M. Hollander	
Date	9/15/05	Reg. No. 48,717

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